S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4265

State File No.

Registration District No. 386 Primary Registration District No. 5-206 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Roads Mo. Fairfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Norborne Missouri, RR.I. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Forty Five Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Carroll
(c) City or town: Roads. Missouri. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Parkins,
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leona Parkins.
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Dec (Month) 13 (Day) 1864 (Year)

8. AGE: Years 82 Months 1 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county): Virgina (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business:
FATHER 12. Name: Douglas Parkins
13. Birthplace (City, town, or county): Virgina (State or foreign country)
MOTHER 14. Maiden name: Nancy Parkins
15. Birthplace (City, town, or county): Virgina (State or foreign country)
16. (a) Informant: Mrs John Parkins
(b) Address: Roads. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 / 12 / 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olive Church
18. (a) Signature of funeral director: John Deitch
(b) Address: Norborne Missouri
19. (a) 2-12-1947 (Date received local registrar) (b) Eunice Street (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12th year 1947 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from 2-5, 1947, to 2-10-, 1947, that I last saw alive on 2-10-, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy. Duration 3 days
Due to:
Due to:
Other conditions: arteriosclerosis (Include pregnancy within 3 months of death) Duration Known
Major findings: Of operations: Of autopsy: 6 3 P

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: B P Sale (M. D. or other)
Address: Norborne Mo Date signed 2-11-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 2-22-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.